



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY
2545 Lawrenceburg Road, Frankfort KY 40601
Phone: (502) 564-8963 Fax: (502) 564-4687



Emergency Medical Technician Initial Certification Application

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma _____ GED Certificate _____

Other Education: _____

EMT-Basic Course # _____ Completion Date _____ Instructor _____

Course Location _____ Educational Institution _____

Name of Training Agency _____

Name of Company Employed by: _____ Contact Person _____

Street _____ City _____ State _____ Zip Code _____

Work Phone Number: _____ Fax Number: _____

All questions on this page must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete.

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you ever been convicted of a misdemeanor or DUI? No _____ Yes _____
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Have you ever been in default on any school loans? No _____ Yes _____
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as an First Responder, EMT or Paramedic or its equivalent, been restricted, revoked, denied, suspended or expired in the Commonwealth of Kentucky or another state? No _____ Yes _____
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No _____ Yes _____
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No _____ Yes _____

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant

Date